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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. I state California

PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert the word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			Arizona Territorial Board of Health	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
COUNTY	Apache		TERRITORIAL INDEX NO.	601
DISTRICT	Nutrioso		COUNTY REGISTERED NO.	50
TOWN	Nutrioso		ST. LOCAL REGISTRAR'S NO.	3
OR CITY	Nutrioso		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
FULL NAME <u>Don Carlos Hamblin Jr</u>				
PERSONAL AND STATISTICAL PARTICULARS.			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR or RACE	SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH	
Male	White Indian Chinese Mexican <u>White</u>		<u>sep.</u> <u>23</u> 191 <u>4</u> (Month) (Day) (Year)	
DATE OF BIRTH			I hereby certify, that I attended deceased from <u>sep. 19</u> 191 <u>4</u> to <u>sep. 23</u> 191 <u>4</u> ; that I last saw him alive on <u>sep. 23</u> 191 <u>4</u> and that death occurred on the date stated above at <u>8:50 P</u> M. The DISEASE or INJURY causing Death was as follows: <u>Very Bad Cold or Pneumonia</u>	
AGE			(Duration) yrs mos days <u>5</u>	
<u>2</u> yrs <u>mo</u> <u>28</u> days hrs., or min.			Was disease contracted in Arizona? <u>yes</u> . If not, where?	
OCCUPATION			CONTRIBUTORY <u>Bad Cold</u>	
(a) Trade, profession or particular kind of work			(Duration) yrs mos days <u>9</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)			(Signed) <u>Lucinda Wilkins</u> M. D.	
BIRTHPLACE (State or country)			<u>Oct 5, 1914</u> (Address) <u>Nutrioso Ariz.</u>	
<u>Nutrioso Apache Co. Arizona</u>			*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
NAME OF FATHER			LENGTH OF RESIDENCE	
<u>Don Carlos Hamblin Sr</u>			At place of death yrs mos. <u>28</u> ds. In Arizona yrs mos. <u>2</u> ds. <u>23</u>	
BIRTHPLACE OF FATHER (State or country)			Former or Usual Residence	
<u>Springerville Ariz.</u>			Filed <u>sep 23</u> 191 <u>4</u> <u>Lucinda Wilkins</u> Local Registrar	
MAIDEN NAME OF MOTHER			Filed <u>Oct 9</u> 191 <u>4</u> <u>J. J. Baulden</u> County Register	
<u>Sola Lee</u>				
BIRTHPLACE OF MOTHER (State or country)				
<u>Nutrioso Ariz.</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Sola Hamblin</u>				
(Address) <u>Nutrioso Arizona</u>				
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL OR REMOVAL	
<u>Nutrioso Ariz.</u>			<u>sep 24</u> 191 <u>4</u>	
UNDERTAKER			ADDRESS	
<u>Neighbors</u>			<u>Nutrioso</u>	